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March 6, 2007

Mr. Don Duthaler
Baker Properties, LP
485 Washington Avenue
Pleasantville, New York 10570

Re: Soil Vapor Investigation
Former Magna Metals Site
Cortlandt, New York

Dear Mr. Duthaler:

It was a pleasure speaking with you. The following letter provides a summary of the proposed soil vapor assessment to be conducted at the project site. AKRF, Inc. and Tetra Tech EC, Inc., on behalf of ISCP Properties, would conduct the assessment in accordance with the work plan approved by the New York State Department of Environmental Conservation (NYSDEC) on February 6, 2007.

Various assessments have been conducted since 1978 to evaluate potential contamination associated with the former operations of the site. In November 2006, the NYSDEC issued correspondence requiring the sampling of sub-slab soil vapor from the on-site office/warehouse building (to the east of the former Magna Metals building) to confirm that soil vapor intrusion was not occurring. This was in response to a relatively low TCE concentration of 59 micrograms per cubic meter being detected in one soil vapor sample (SV-03) that was collected next to the office/warehouse building.

Implementation of the assessment requires the completion of three steps in the field. The first is to complete a pre-sampling survey, where information would be collected at each tenant space to determine chemical usage and storage, if any, that could affect our assessment results. At this time, the specific sampling locations, as outlined in the work plan, would also be confirmed. The next step would be to install soil gas sampling points by drilling a small hole through the floor at each of the five locations. Finally, after the sampling points are installed, samples would be collected from these points simultaneously with indoor samples in the same area (as the soil gas sampling points) over an 8-hour period.

After completion of the sampling work, a report would be prepared summarizing the results and submitted to the NYSDEC. If you have any questions or require additional information, please contact me at (914) 922-2356.

Sincerely yours,

AKRF, Inc.

A handwritten signature in black ink, appearing to read 'Marc S. Godick', written over a horizontal line.

Marc S. Godick
Vice President

cc: E. Wactlar – Kramer, Coleman, Wactlar & Lieberman
N. Ward-Willis – Keane & Beane
M. Sielski – TTECI

**NEW YORK STATE DEPARTMENT OF HEALTH
INDOOR AIR QUALITY QUESTIONNAIRE AND BUILDING INVENTORY
CENTER FOR ENVIRONMENTAL HEALTH**

This form must be completed for each residence involved in indoor air testing.

Preparer's Name _____ Date/Time Prepared _____

Preparer's Affiliation _____ Phone No. _____

Purpose of Investigation _____

1. OCCUPANT:

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

Number of Occupants/persons at this location _____ Age of Occupants _____

2. OWNER OR LANDLORD: (Check if same as occupant ____)

Interviewed: Y / N

Last Name: _____ First Name: _____

Address: _____

County: _____

Home Phone: _____ Office Phone: _____

3. BUILDING CHARACTERISTICS

Type of Building: (Circle appropriate response)

Residential
Industrial

School
Church

Commercial/Multi-use
Other: _____

If the property is residential, type? (Circle appropriate response)

Ranch	2-Family	3-Family
Raised Ranch	Split Level	Colonial
Cape Cod	Contemporary	Mobile Home
Duplex	Apartment House	Townhouses/Condos
Modular	Log Home	Other: _____

If multiple units, how many? _____

If the property is commercial, type?

Business Type(s) _____

Does it include residences (i.e., multi-use)? Y / N If yes, how many? _____

Other characteristics:

Number of floors _____

Building age _____

Is the building insulated? Y / N

How air tight? Tight / Average / Not Tight

4. AIRFLOW

Use air current tubes or tracer smoke to evaluate airflow patterns and qualitatively describe:

Airflow between floors

Airflow near source

Outdoor air infiltration

Infiltration into air ducts

5. BASEMENT AND CONSTRUCTION CHARACTERISTICS (Circle all that apply)

- a. Above grade construction: wood frame concrete stone brick
- b. Basement type: full crawlspace slab other _____
- c. Basement floor: concrete dirt stone other _____
- d. Basement floor: uncovered covered covered with _____
- e. Concrete floor: unsealed sealed sealed with _____
- f. Foundation walls: poured block stone other _____
- g. Foundation walls: unsealed sealed sealed with _____
- h. The basement is: wet damp dry moldy
- i. The basement is: finished unfinished partially finished
- j. Sump present? Y / N
- k. Water in sump? Y / N / not applicable

Basement/Lowest level depth below grade: _____ (feet)

Identify potential soil vapor entry points and approximate size (e.g., cracks, utility ports, drains)

6. HEATING, VENTING and AIR CONDITIONING (Circle all that apply)

Type of heating system(s) used in this building: (circle all that apply – note primary)

Hot air circulation	Heat pump	Hot water baseboard	
Space Heaters	Stream radiation	Radiant floor	
Electric baseboard	Wood stove	Outdoor wood boiler	Other _____

The primary type of fuel used is:

Natural Gas	Fuel Oil	Kerosene
Electric	Propane	Solar
Wood	Coal	

Domestic hot water tank fueled by: _____

Boiler/furnace located in: Basement Outdoors Main Floor Other _____

Air conditioning: Central Air Window units Open Windows None

Are there air distribution ducts present? Y / N

Describe the supply and cold air return ductwork, and its condition where visible, including whether there is a cold air return and the tightness of duct joints. Indicate the locations on the floor plan diagram.

7. OCCUPANCY

Is basement/lowest level occupied? Full-time Occasionally Seldom Almost Never

Level General Use of Each Floor (e.g., familyroom, bedroom, laundry, workshop, storage)

Basement	<hr/>
1 st Floor	<hr/>
2 nd Floor	<hr/>
3 rd Floor	<hr/>
4 th Floor	<hr/>

8. FACTORS THAT MAY INFLUENCE INDOOR AIR QUALITY

- | | |
|--|------------------------------------|
| a. Is there an attached garage? | Y / N |
| b. Does the garage have a separate heating unit? | Y / N / NA |
| c. Are petroleum-powered machines or vehicles stored in the garage (e.g., lawnmower, atv, car) | Y / N / NA
Please specify <hr/> |
| d. Has the building ever had a fire? | Y / N When? <hr/> |
| e. Is a kerosene or unvented gas space heater present? | Y / N Where? <hr/> |
| f. Is there a workshop or hobby/craft area? | Y / N Where & Type? <hr/> |
| g. Is there smoking in the building? | Y / N How frequently? <hr/> |
| h. Have cleaning products been used recently? | Y / N When & Type? <hr/> |
| i. Have cosmetic products been used recently? | Y / N When & Type? <hr/> |

- j. Has painting/staining been done in the last 6 months? Y / N Where & When? _____
- k. Is there new carpet, drapes or other textiles? Y / N Where & When? _____
- l. Have air fresheners been used recently? Y / N When & Type? _____
- m. Is there a kitchen exhaust fan? Y / N If yes, where vented? _____
- n. Is there a bathroom exhaust fan? Y / N If yes, where vented? _____
- o. Is there a clothes dryer? Y / N If yes, is it vented outside? Y / N
- p. Has there been a pesticide application? Y / N When & Type? _____

Are there odors in the building?

Y / N

If yes, please describe: _____

Do any of the building occupants use solvents at work? Y / N

(e.g., chemical manufacturing or laboratory, auto mechanic or auto body shop, painting, fuel oil delivery, boiler mechanic, pesticide application, cosmetologist)

If yes, what types of solvents are used? _____

If yes, are their clothes washed at work?

Y / N

Do any of the building occupants regularly use or work at a dry-cleaning service? (Circle appropriate response)

Yes, use dry-cleaning regularly (weekly)

No

Yes, use dry-cleaning infrequently (monthly or less)

Unknown

Yes, work at a dry-cleaning service

Is there a radon mitigation system for the building/structure? Y / N Date of Installation: _____

Is the system active or passive? Active/Passive

9. WATER AND SEWAGE

Water Supply: Public Water Drilled Well Driven Well Dug Well Other: _____

Sewage Disposal: Public Sewer Septic Tank Leach Field Dry Well Other: _____

10. RELOCATION INFORMATION (for oil spill residential emergency)

a. Provide reasons why relocation is recommended: _____

b. Residents choose to: remain in home relocate to friends/family relocate to hotel/motel

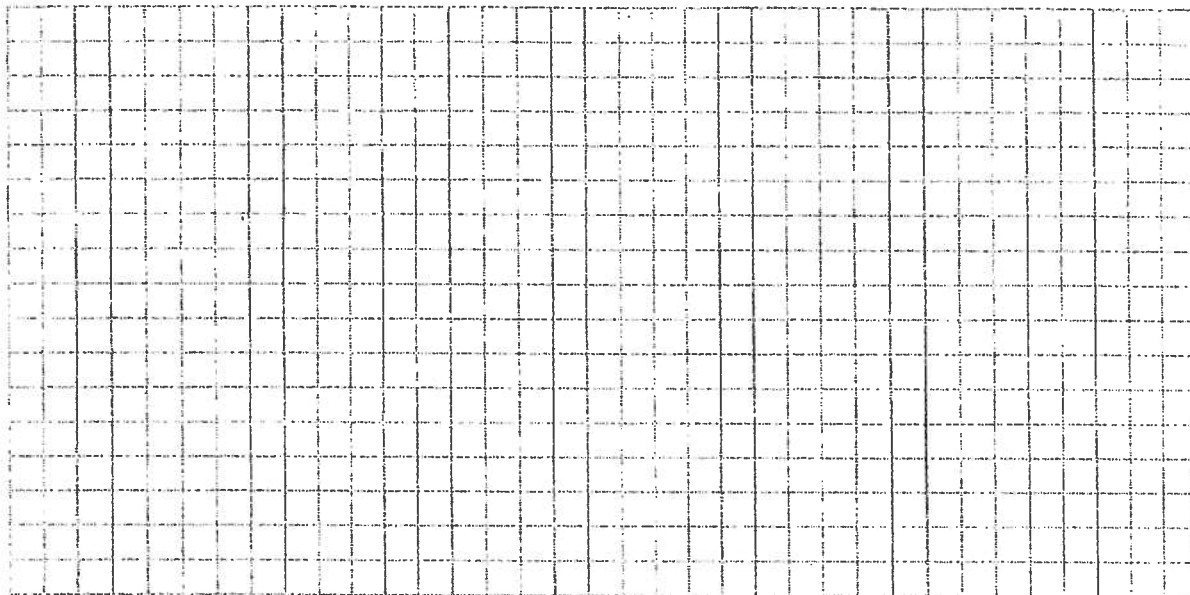
c. Responsibility for costs associated with reimbursement explained? Y / N

d. Relocation package provided and explained to residents? Y / N

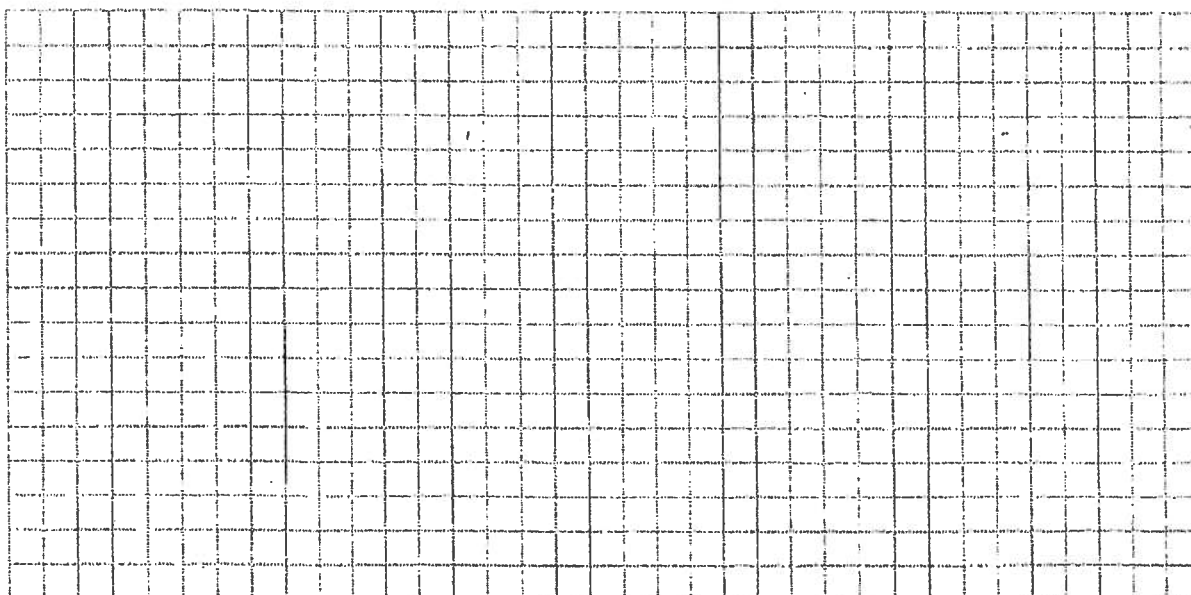
11. FLOOR PLANS

Draw a plan view sketch of the basement and first floor of the building. Indicate air sampling locations, possible indoor air pollution sources and PID meter readings. If the building does not have a basement, please note.

Basement:



First Floor:



12. OUTDOOR PLOT

Draw a sketch of the area surrounding the building being sampled. If applicable, provide information on spill locations, potential air contamination sources (industries, gas stations, repair shops, landfills, etc.), outdoor air sampling location(s) and PID meter readings.

Also indicate compass direction, wind direction and speed during sampling, the locations of the well and septic system, if applicable, and a qualifying statement to help locate the site on a topographic map.

